

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000000398**

1. Entity Name

**SOUTH COUNTY PEOPLE FOR LIFE, INC.****FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90063 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**SOUTH COUNTY PEOPLE FOR LIFE, INC.**  
**251 HAMMOCK TERRACE**  
**VENICE FL 34293****SOUTH COUNTY PEOPLE FOR LIFE, INC.**  
**251 HAMMOCK TERRACE**  
**VENICE FL 34293**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0810978**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELANEY, JUDITH**  
**251 HAMMOCK TERRACE**  
**VENICE FL 34293**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete  
NAME **DOLBY, DWIGHT L**  
STREET ADDRESS **642 N. AUBURN ROAD**  
CITY-ST-ZIP **VENICE FL 34292**TITLE **D** ☐ Change ☐ Addition  
NAME **DOLBY, DWIGHT L**  
STREET ADDRESS **642 N. AUBURN RD**  
CITY-ST-ZIP **VENICE, FL 34292**TITLE **D** ☐ Delete  
NAME **THOMAS, CAROLYN**  
STREET ADDRESS **4293 SPICETREE STREET**  
CITY-ST-ZIP **VENICE FL 34293**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PD** ☐ Delete  
NAME **DELANEY, JUDITH**  
STREET ADDRESS **251 HAMMOCK TERRACE**  
CITY-ST-ZIP **VENICE FL 34293**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **T** ☐ Delete  
NAME **BANTING, PATRICIA**  
STREET ADDRESS **251 HAMMOCK TERRACE**  
CITY-ST-ZIP **VENICE FL 34293**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VP** ☐ Delete  
NAME **THOMAS, PAUL**  
STREET ADDRESS **4293 SPICETREE ST.**  
CITY-ST-ZIP **VENICE FL 34293**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: JUDITH DELANEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/1/01**

Date

**(94) 492-2293**

Daytime Phone \*